

Foster Family Home - Corrective Action Report

Provider ID: 1-100022

Home Name: Jovita Corcino, CNA

Review ID: 1-100022-7

1559 Ala Napunani Street

Reviewer: David Ayling

Honolulu HI 96818

Begin Date: 11/14/2017

End Date: 11/14/17

Foster Family Home

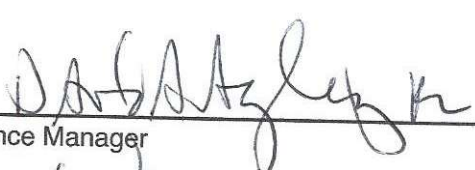
Required Certificate

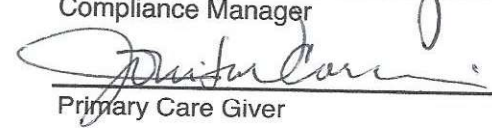
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/14/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

11/14/17
Date

11/14/17
Date